DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a DATE OF DEATH MONTH YEAR TYPE OR PRINT ar/ES 3 SEX 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYFAR YEAR aucasion 08 ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Retired Musician INDUSTRY BALTIMORE, MARYLAND 2120 130 STREET ADDRESS 9368 READER LA Charles J. Bubick LAST late late Lilliam Lomax 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Helen Bubeck 9368 Reader Lane 21045 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one couse perflirle for (a), (b), and (c PART I. DEATH WAS CAUSED BY Cardinascular dispasse pertensive VPZM PRESTON ST DUE TO, OR AS A CONSEQUENCE OF all Conditions, if ony, which ortis Stenosis gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF 14 underlying cause lost. noneralord arhorselemen 201 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS. CERTIFICATION Ony 19g. DATE OF OPERATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NO Hygier Hygier YES T NO [sha 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR ial-fre OR CONTRIBUTING CAUSE OF CEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 20 714 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN the (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE morked AT WORK January 220.1 certify that (1) (this hospital) offended the deceased from, Jenuary 4 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated detoched tate Dept 27h SIGNATUR DEGREE 22c. DATE SIGNED MPORTANT: IF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the the 12mRd 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN Howard Maryland Jan 8,1980 Crestlawn BP 25a. DATE REC'D. BY REGISTRAR 25b. REC'S (RAP'S SIC 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Witzke 4112 Columbia Rd Ellicott 1980 (VR A 15 (4))

STATE OF MARYLAND

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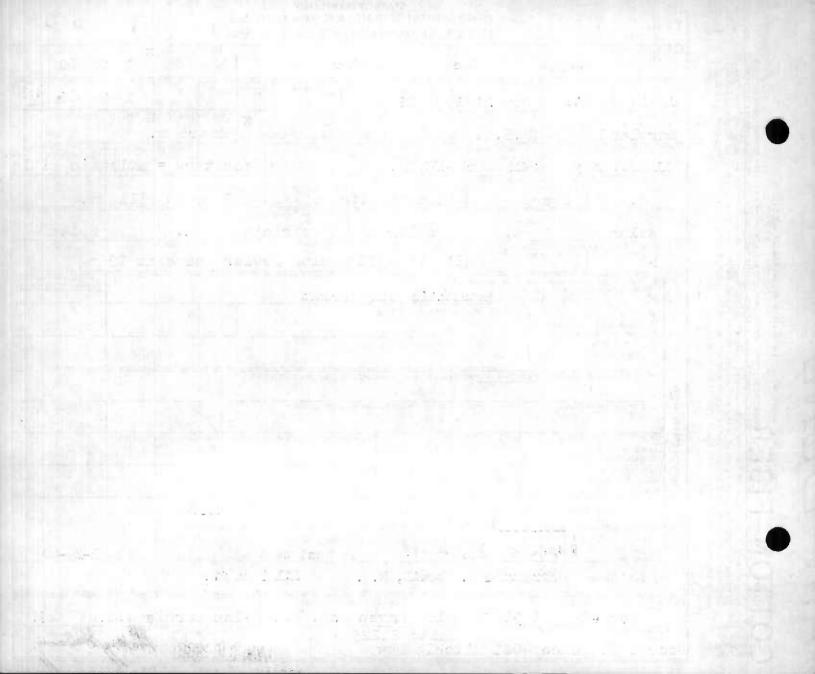
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STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1 -	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	1 8	6 1
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	3. SE	X	1 RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Caucasian	MONTH	DAY XXXXX	92 A	RS. DAYS	HOURS MIN
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rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 із то		22a.1 certify that (1) (this haspite saw the deceased alive an obave, (1) (we) (did) (did not	1 5 19	0 -	, ' /	death occurred on the date an	d hour and from the	that (I) (we) last causes stated
MPORTANT: If Item		22b. SIGNATURE Durin		. Q.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		SIGNED 80
MPORTAN		32d PHYSICIAN'S NAME (TYPE OR			22e. ADDRESS 9051	BALT, NAT	0 0	043
₹	23a.	BURIAL, CREMATION, REMOVAL		3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	******	
		(SPECIFY)	1/10/80		rn Cem.	Baltimorte	COUNTY	Marvland
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DHMH - 16 50M 7/77 (VR A 15 (4))

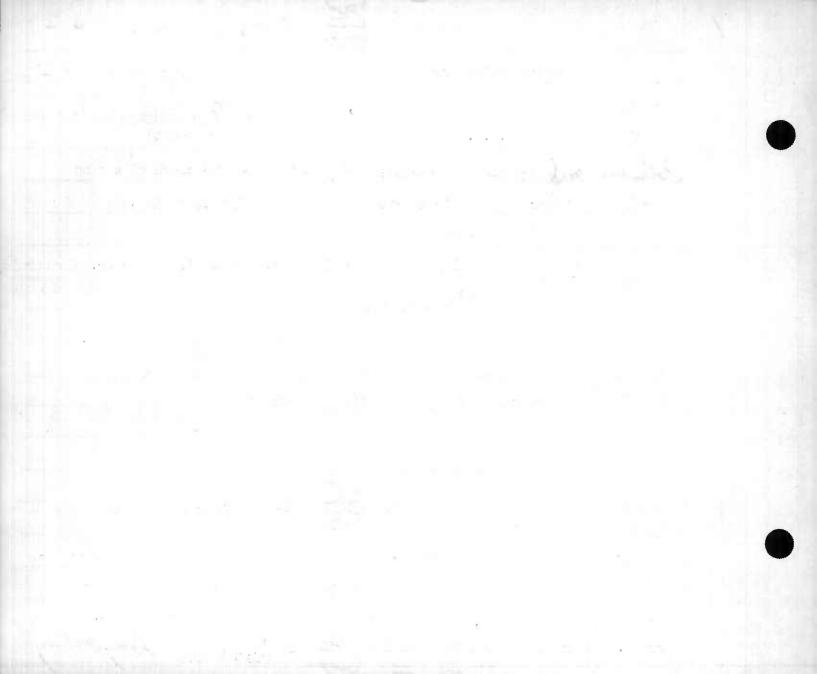
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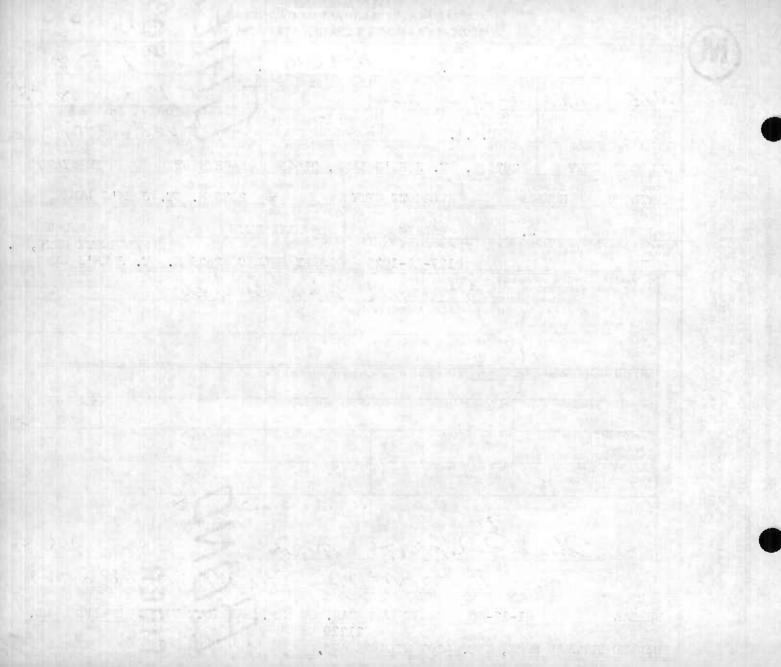
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STATE OF MARYLAND





Hubbard Funeral Home Inc 4107 Wilkens Ave 21229

FOR

DHMH-16 25M

(VRA 15, 4) 1/79

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOURS

126 KIND OF BUSINESS OR INDUSTRY Dept.

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Md. 21227

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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256. DATE REC'D. BY REGISTRAR 155. REGISTRAR'S SIGNATURE

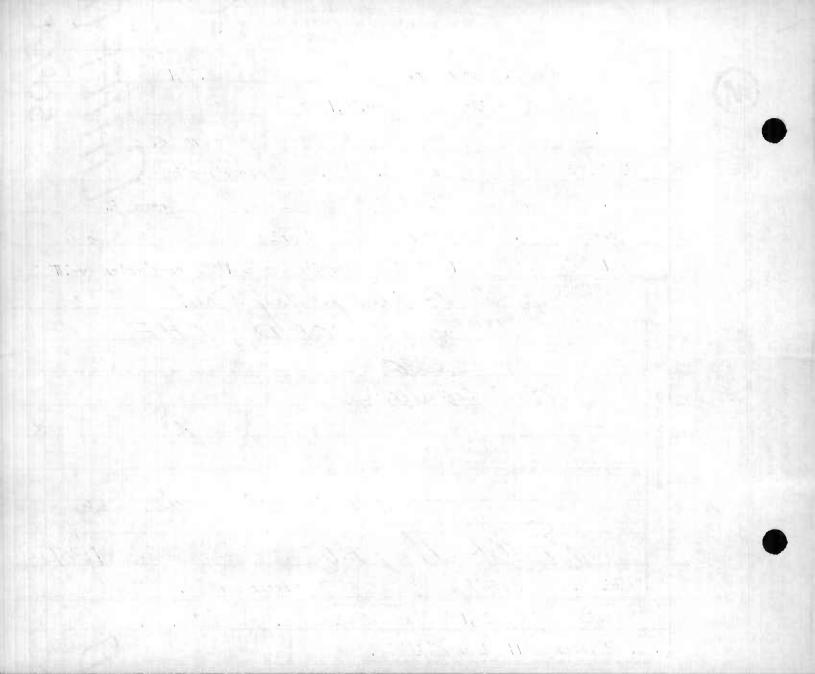
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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RK, PLEASE DIRECTOR. JOUR FILES. 72 HOURS	3. SI	ale	4. RACE white	5. DATE OF BIRTH MONTH DAY Feb. 11,	1905 7	EARS IF UN		24 HRS. 2c. D.		NIH DAY YEAR - 15 1982	
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9. 21201 4. IF ANY DELAY IS NEG 2. AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2. SHOULD BE FILED. WAL	2/1	Columb	ia /	Howard	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) County GE	neral	Hosp.	120. USUAL OC FOR MOST OF	CUPATION (TYPE OF V WORKING LIFE)	VORK 12b. KIND OF B OR INDUS Texti	USINESS Le
21201 IF ANY D 3. RETAIN SHOULD	9 130.	N. Y.	(IF IN NURSING HOME OR 13b. COUNT	ather institution, give Y .nge	RESIDENT OR TOWN	ION)	13d. INSIDE CITY LIMITS? YES 🖾 NO 🗌	P. O. BO	DRESS X B 95, Rd	# 94 (10	918)
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TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRITP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 P	ラス		fy that I taak charge ed from: Natura NAME Than	N	ribed abave, held an Accident , so	Autap	Hamicide TITLE (SPECIFY) D. Deputy	Undetermined MEDICAL EX	Amanner ,	MATE 1-15-16NED 2/843	-80
BP	24.	BURIAL, CREMA (SPECIFY) D113 FUNERAL DIRECT	TION, REMOVAL 23	1/18/80	23c. NAME OF CE St. Char City, Mar	les C	em. 25a. DATĘ F	Pine SEC'D. BY REGIS	Lawn Suf	county fock N. N.	

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Page 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	TAL SECURITY NO.	17. INFORMANT	4909 Worters es Ellicott C:	ington Wa	ly
en signed by the attending physic. Then please remove carbonpape or to burial, cremation, or removal, injury, or ather traumatic event, it	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	TING TO DEATH BUT	NOT RELATED TO THE T			
ding physicion. ss certificate has been buriol-transit permit. Ti Mental Hygiene priori ar Item 18 shows any in	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY		21c HOW INJURY OCC	200 AUTOPSY? YES NO CURRED (ENTER NATURE OF INJU	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH NO
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TO FUNERAL IS should be deto with the Store E	23a	1220 PHYSICIAN'S NAME (TYPE OF PHYSICIAN'S NAME (TYPE OF PHYSICIAN) SURIAL, CREMATION, REMOVAL SPECIFY) DURIAL	Taylor in	23r. NAME OF	210. ADDRESS 5999 / proc. EMETERY OR CREMATO ivet Cem.	r's Form RJ, RY 23d LOCATION CITY OF TOWN Baltimore	Column	Joseph Maryland
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		FOR - STATE REGISTRAR		MENT OF HI	ICATE OF D	MENTAL HYG	IENE ()	0	1 8	68
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nt, the		CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), an	nd Ich		E110			APPRO: BETWEEN	XIMATE INTERVAL
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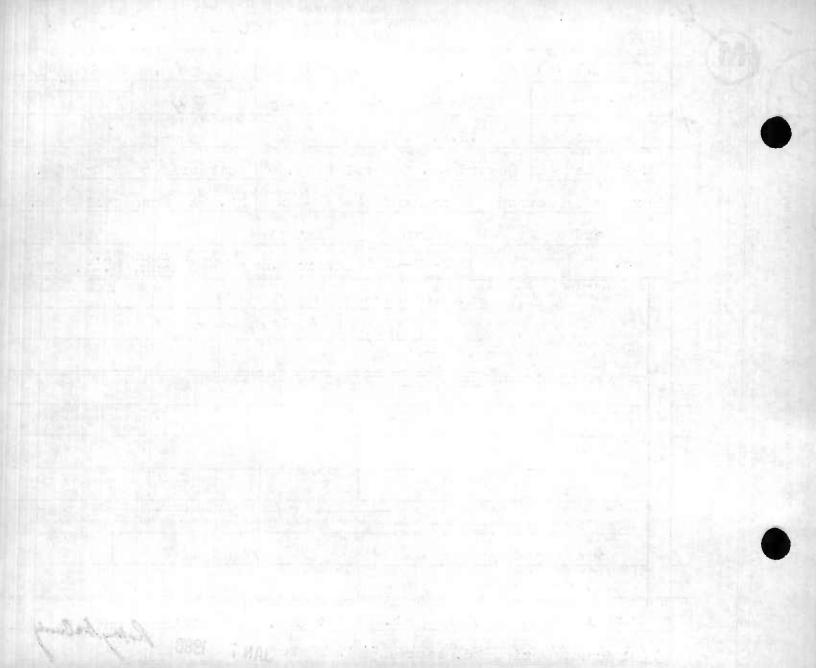
DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR F.H. Ellicotte to mod 21043

250. DATE REC'D. BY REGISTRAR 256. RECISTBAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) JOHN) D. 4- 20 AM 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF LINDER I YEAR MALE WHITE HOURS 1905 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED U.S.A. New Jersey Howard WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Columbia Howard Co. General Hosp. Cab Driver Cab Co. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Highland Rt. 216 Scaggsville Rd. 136 INSIDE CITY LIMITS? Maryland Howard 4 FATHERS NAME 15. MOTHER'S MAIDEN NAME Edward MIDDLE LAST FIRST MIDDLE Estelle Moran Dwver 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT Horace P1. (YES NO OR UNKNOWN) 141-01-0315 Edward Moran Red Bank, N. J. 07701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonan AS A CONSEQUENCE OF COPD, Corpularonale, Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 90 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? TracherStomy for Respiratory 12-14-79 YES NO F SNEPDE + Mental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 22a.t certify that (1) (this hospital) ottended the deceased fram. - 4 - 19 80 ond that in (my) (our) opinion death occurred on the date and have and from the couses stated 226. SIGNATUR DEGREE 22c DATE SIGNED M. n. ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN I MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Y. A. DIVAKARUNI, M.D. 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION Burial 1/9/80 Mt. Olivet Cem. Middletown Monmouth 25a. DATE REC'D. BY REGISTRAR 25b. R FLECK LAUREL FUNERAL HOME, INC. 100 JAN 7601 Sandy Spring Rd. Laurel, Md. 20810 JAN DHMH - 16 50M 1/76 1980 (VR A 15 (4))



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

	1 -	FOD			OF MARYLAND				-
	1.	- STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG	0 0	0 1	5 /	U
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8		USA	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		EATH 14 12 11	MD.
19	10	LOLUMBIA		NUR	SING HOME	12a USUAL OCCUPATI	ON 121	KIND OF BL	SINESS OR
PA	Mc Mc	STATE HOWE		N	YES NO	13e. street address 7080 Crad]	erock Wa	ay	
Skomine 3		Late Bertram St	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ra Morris		LAST	
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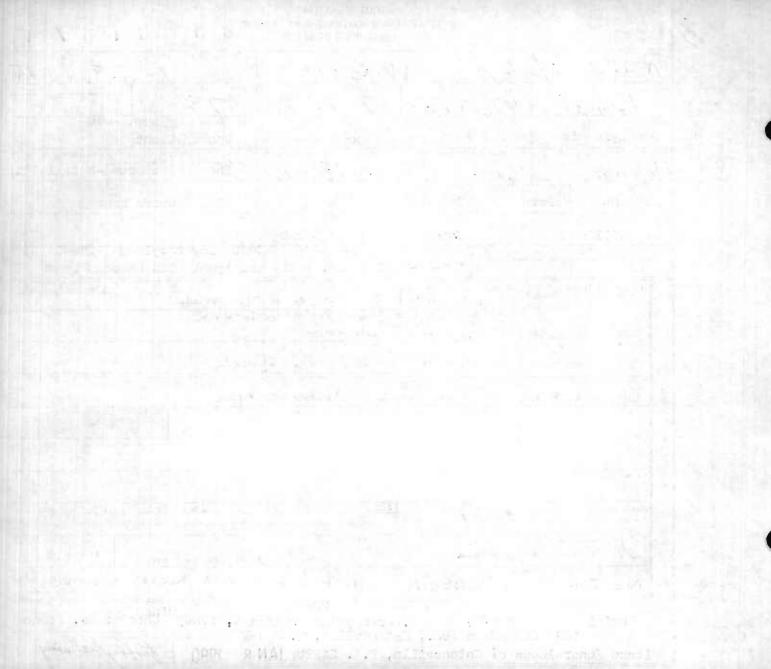
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ny be oge 3 death		Colith	Marcare	t Waugh	Jan	10,1980 323 AM
may b may b	3	SEX	4 RACE	5 DATE OF BIRTHO	6. AGE (IN YEARS LAST BIRTHDA	
A MEAN AS	70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	9 BALTIMORE CITY OF C	
1 1911	1	England	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		of Country MO.
1 10	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 of 0.0	010	olumbia-	Lorien 1	Isa Home	Howewife	A//n
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	US	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OF	E BEFORE ADMISSION)	13. STREET ADDRESS	
AND 2 124 h 124 h 124 h 124 h	2	1 1 1		imbia YES NO I	5669 T	hicket Lane
RYLA within etely d 2 sh miner	14.	FATHER'S NAME FIRST	MIDDLE 1 2 LAS	15 MOTHER'S MAIDEN N	AME . MIDDLE	LAST
MAM wed w	0	UNKNOWN	Has	te	UNKNOWN	/ LASI
AORE, and co and co ages I ages I	160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	5-669 Thicket Lane
IMORE, or execution on ond company of the company o		1/0	55/-	36-6965 Anne Allen (Daughter)	Columbia Hd. 21044
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The law requires that the death certif ottending physician. After this certificate has been signed by the attending p as the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, crematian, ar rem orked or item 18 shows any rijury, ar other traumatic eve	2 de la companya de l	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	etur Pelve	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20	ION GIVEN IN PART 1(0) DIS. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
DF VITA CIAN: Ti physica orthicate al-tronsit tol Hygi	7 8	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN	LITEM 18, PART 1 OR PART 2)
JOF VII	3	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
IVISION C 1G PHYSIC ottending ter this cer ter this cer sthe buria sond Ment rked or ther	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOIN I or II or Voice of Voice		220 I certify that (I) (the hosp	ottended the deceased	from 2-13, 19.76	, to	, 19 60 , that (1) (we) lost
2 4 to 2 t		sow the deceased alive on	t view the body after death	19 Xy , and that in (my) (east) apinion	n death occurred on the date	and hour and from the causes stated
DIRI Dep		276 AGNATURE	Bur		MEDICAL STAFF DIRECTOR PHYSICIAL	221. DATE SIGNED 1-10-80
hOSPITAL Defined by the Student of the State NPORTANT:	1	FRANCIS (S	RPRINTI	220 ADDRESS COLUM	bia, Mc	21044
of of the Market	23	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP		(SPECIFY) Burial	1/14/80	Golden Gate Cemetry	San Franci	
DHMH - 16 50M 7/77	24	FUNERAL DIRECTOR	ADDR	750. DA	ATE REC'D. BY REGISTRAR 256	PEGISTRAR'S SIGNATURE
(VR A 15 (4))	51	ACK Funeral Hom	e,Ellicott Ci	ty, Maryland 21043) 1	11 K 1989	A Chay Malaus

The state of the second 44-49 HT - 17 T 1 30 01-0 The state of the s FRANK I Sauno Colambia Md Erayy the state of the s Continue ora, Illinoit Etc., Continue Confine & 1830 - Respectively

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 etained by the haspital or attending physician.

/	1			STAT	E OF MARYLAND			
8	1	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH						7 4
	I. DE	CEASED NAME FIRST	MIDDLE	/	AST		MONTH DAY YEAR	26 HOUR
Page 4 may be all director, page 3 hours after death	1/	TARY H	elen	WIX	500		1-2-80	5:45
a de de	3. SE	×	4 BACE	, S. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
ge 4		Frmal	Caveasio	n Month	19 00	79	YRS.	HOURS MIN
Pour Pour Pour		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8.		9 BALTIMORE CITY O	R COUNTY OF DEATH	
deoth 72	F	ennsylvania	USA	WIDOWE	D NEVER MARRIED DIVORCED	Howard C	county	MD.
	10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME		12a USUAL OCCUPATION	ON 126 KIND O	E BLISINESS OD
by the tiled with	1	olumbio .	Haylard	GIVISTRIET ADDRESS)	V General	Shoe Sal	esperson-Ret	tail Sale
hour d in	USU 130.	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?			
Filled ould b		state 135 course Howa:	cd Col	ORTOWN /	YES NO	134. STREET ADDRESS 9290 Upu	roods Lano	
vithin 12 sh	14. F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE		
P Ide		พี่เปิเลต	Wat		Sarah	WIDDFE	LAS	ď
Poges 1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	Columbia ADDRE	styland 210	J45
oe exe		no	171	-03-7473	Mrs. Betty	Lou Zynn, 92	90 Upwoods L	_ane
ficate by special papers and a		18 CAUSE OF DEATH (Enter of	nly one couse per line for (01, (b), and (c).1	1 6 1	1	APPROXI- BETWEEN	MATE INTERVAL ONSET AND DEATH
- 4-6-6		PART I. DEATH WAS CAUSE IMMEDIA	IE CAUSE (0)	ebral he mo		nto-parietal)	
tending re corbor on, or rei		2500	DUE TO, OR AS A CO	cred middle	6 cerebral a	rheuy. (R)		
death attend ave co ave co rian, o		Conditions, if any, which	(b) Gener	ralized ar	tenosclerons			250
the remo		gove rise to immediate couse (a), stating the	DUE TO, ORAS A CO	ONSEQUENCE OF				
that d by t lease iof, cre		underlying couse lost.	(101 F) 1016	ONSEQUENCE OF	tus Hyperf	enuin.		
gne gne bur	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 10	0
en si The or to	IFICATION	Chronic ba	in syndrom	le, early-	Hizherner	11		
low re sermit.	N V	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?
The I	CERTIF					YES NO	YES 🗌	NO 🗆
ZASSTO		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MOI	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
HYSICIAN ding phy is certific buriol-tr. Mental I bur flem 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
PHY trendi r this the bund W	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOW	'N COUNTY	STATE
Afrer of Ith o		AT WORK		0		+		
Ol o ol o ol o ol o ol o ol o Heo		220. I certify that (I) (this hasp saw the deceased alive or		74	. 19_77	, 10		that (I) (we) lost
ATT ospid od fo of to m 2		obove, (I) (we) (did) (did no		oth.	nd that in (my) (our) opinion	deoth occurred on the do		
OR A DIREC Oched Oched Them			Donecia		DEGREE ATTENDING	_ MEDICAL _ STAF	F 22c. DATE	
PITAL by th ERAL Stote ANT:		22d. PHYSICIAN'S NAME (TYPE C			PHYSICIAN [DIRECTOR PHYSIC	IAN	- 79
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	1	NESTOR F	DEVENE	TIA	10840 Little	PATUXENT KAR	KWAY GLUM	BIO MO
To T	120				EMETERY OR CREMATORY	In the contract		21044
DD	130.	Burial Burial	1/5/80	E PRO	ndywine Baptis	23d. LOCATION CIXORTOWN	chestor Co.	Panna
BP	24. F	UNERAL DIRECTOR 1630	, ,	B. Catons	SVILLE, MID 250. DAT	E REC'D BY REGISTRAD	UL RECUSTRARS SPERIAL	libe
DHMH - 16 60M 7/73 (VR A 15 (4))		litzke FuneralHo	and of Caton	DDRESS			Liston 12	nesdy
	L. G	T CTKO I GHATATU	me or cacon	PATTTE L	The LIZZO JAI	N 8 1980 L	0.1.7.	



into taken from previous death STATE OF MARYLAND							
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No. 1 0 / 5							
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN TO MONTH DAY YEAR 726.							
(TYPE OR PRINT) Lelia G. Wright OF ESTI- WE DEATH MATED 1 26 1980							
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 2d							
3. SEX 4. RACE 5. DATE OF BIRTH 1MONTH DAY YEAR 1. LAST BIRTH DAY HONTH DAY YEAR 1. LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1 26 1980							
2. BIDTHRIAGE (STATEOR) TO CITIZEN OF WHAT COUNTRY?							
Virginia Virginia Virginia Virginia							
10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126, USUAL OCCUPATION (TYPE OF WORK, 112b, KIND OF BUSIN							
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE OR INDUSTRY							
Columbia Howard County General Hospital August 100 Howard County							
Hab STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS							
Maryland Howard Columbia YES NO 5 5 7 7 Was Columbia Ma							
14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME AND MIDDLE LAST							
Clipse & Dales Julia Johnson							
ING. WAS DECUNSED EVER IN U.S. ARMED FORCES? (YES, NO, ON HIKNOWN) (IF YES, GINE WAR OR DATES) ADDRESS JULIA Harras							
No 1/2991D 1 5297 Dunrang 22 Coleman							
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTE							
PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac tamponade							
DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if any, which gove rise to immediate (b) Rupture of aortic arch							
cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF							
lying couse lost.							
PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)							
Z							
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21d. INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY							
YES W N							
216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
UNDERLYING OR HOUR A.M. MONTH DAY YEAR							
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, VIII. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY							
WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY							
22e. I certify that I took change of the remain described above, held any Autopsy 💢, Inspection 🔲, Inquiry 🔲, and in my opinion							
death resulted from: Agriculture X. Accient Homicide Homicide Undetermined monner,							
TITLE (SPECIFY)							
ACTUAL SIGNATURE AND Deputy Chiefedical examiner							
EXAMINER'S NAME (TYPE OR PRINT) Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.							
23t. NAME OF CEMETERY OR SEMATORY, 23d. LOCATION COUNTY							
Dunae 1 & Cust Lound Balling me							
THE PUNERAL THREE COLUMN 256. REGISTRAN'S SIGNATURE							
Welling The Comment of FR 0 4 1980 tisting Malready							

11: 189 L 1972 Voied Death Certificate # 01876-Lelia G. Wright



